

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILIO		ADYU TUU ALZHOZHT		ADYU ZHO ALZHOZHT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
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17	1					
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TOTAL IND.	10					
TOTAL DEP.	31					
TOTAL CLAIMS	41					

	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL DEP.						
TOTAL CLAIMS						